

**CONTRACTOR REGISTRATION ASSIGNMENT / AUTHORIZED SIGNER FORM**  
**CITY OF CINCINNATI – DEPARTMENT OF PLANNING – BUILDINGS AND INSPECTIONS DIVISION**  
**3300 CENTRAL PARKWAY – CINCINNATI, OHIO – 45225 – 513. 352.3271 (PHONE) – 513. 352.2579 (FAX)**  
**WWW.CINCINNATI-OH.GOV**

**DATE** \_\_\_\_\_

The following individual, having met the requirements for a contractor's registration, hereby requests that the registration be assigned to the business concern indicated.

The registration is to be granted to engage in business as a \_\_\_\_\_ contractor, as per chapter 1106 of the Cincinnati Municipal Code, as applicable. The individual herein shall be associated with the business concern as a legal full-time officer, proprietor, partner or employee. The individual will be actively engaged in and perform work only for the business concern to which his/her registration has been assigned. **Only persons listed on this form with signatures attached shall be authorized to sign permit applications.**

The following information shall be furnished and the following section shall be completed in full.

**Registrant: List yourself on the appropriate line. Have all authorized persons who sign permit applications sign on the line adjacent to their printed name.**

**(PLEASE CHECK ONE)**    ☐ **INDIVIDUAL ONLY**    ☐ **SOLE PROPRIETORSHIP**    ☐ **PARTNERSHIP**    ☐ **CORPORATION**

**FULL NAME OF BUSINESS** \_\_\_\_\_ (MUST BE IDENTICAL TO NAME APPEARING ON BOND)

**BUSINESS ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**REGISTRANT (PRINT OR TYPE NAME)** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

1. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

2. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

3. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

4. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

5. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

The following individual requests a Contractor registration be assigned to the above business, and hereby assigns the rights of that registration.

**REGISTRATION #**

**REGISTRATION HOLDER SIGNATURE & POSITION HELD IN COMPANY**